

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212518439				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BOMBARDIER AEROSPACE CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: F1261942</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000,000
CLASS	AUTHORIZED					
COMMON	2,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3400 WATERVIEW PARKWAY SUITE 400</p> <p style="text-align: center;">CITY/ST/ZIP: RICHARDSON, TX 75080</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRANT DAHLFORS TITLE: PRESIDENT ADDRESS: 26 CORPORATE PLAZA CITY/ST/ZIP/CO: NEWPORT BEACH, CA 92660 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRANT DAHLFORS TITLE: PRESIDENT ADDRESS: 26 CORPORATE PLAZA CITY/ST/ZIP/CO: NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRANT DAHLFORS TITLE: PRESIDENT ADDRESS: 26 CORPORATE PLAZA CITY/ST/ZIP/CO: NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KIMBA SJOGREN TITLE: TREASURER ADDRESS: ONE LEARJET WAY CITY/ST/ZIP/CO: WICHITA, KS 67209 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KIMBA SJOGREN TITLE: TREASURER ADDRESS: ONE LEARJET WAY CITY/ST/ZIP/CO: WICHITA, KS 67209	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KIMBA SJOGREN TITLE: TREASURER ADDRESS: ONE LEARJET WAY CITY/ST/ZIP/CO: WICHITA, KS 67209	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRUCE MARSHALL TITLE: ASST SECRETARY ADDRESS: 3400 WATERVIEW PKWY CITY/ST/ZIP/CO: SUITE 400 RICHARDSON, TX 75080 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRUCE MARSHALL TITLE: ASST SECRETARY ADDRESS: 3400 WATERVIEW PKWY CITY/ST/ZIP/CO: SUITE 400 RICHARDSON, TX 75080	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRUCE MARSHALL TITLE: ASST SECRETARY ADDRESS: 3400 WATERVIEW PKWY CITY/ST/ZIP/CO: SUITE 400 RICHARDSON, TX 75080	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FRANCOIS OUELLETTE TITLE: SECRETARY ADDRESS: 400 COTE VERTU WEST CITY/ST/ZIP/CO: DONUL, QUEBEC , , FN </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANCOIS OUELLETTE TITLE: SECRETARY ADDRESS: 400 COTE VERTU WEST CITY/ST/ZIP/CO: DONUL, QUEBEC , , FN	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: FRANCOIS OUELLETTE TITLE: SECRETARY ADDRESS: 400 COTE VERTU WEST CITY/ST/ZIP/CO: DONUL, QUEBEC , , FN	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN A RIDOLFI TITLE: CHAIRMAN ADDRESS: 400 COTE VERTU WEST CITY/ST/ZIP/CO: DORVAL, QUEBEC H4S 1Y9, CA </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVEN A RIDOLFI TITLE: CHAIRMAN ADDRESS: 400 COTE VERTU WEST CITY/ST/ZIP/CO: DORVAL, QUEBEC H4S 1Y9, CA	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN A RIDOLFI TITLE: CHAIRMAN ADDRESS: 400 COTE VERTU WEST CITY/ST/ZIP/CO: DORVAL, QUEBEC H4S 1Y9, CA	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL DESJARDINS TITLE: ASST SECRETARY ADDRESS: 800 RENE-LEVESQUE CITY/ST/ZIP/CO: MONTREAL, QUEBEC H3B 1Y8, CA </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL DESJARDINS TITLE: ASST SECRETARY ADDRESS: 800 RENE-LEVESQUE CITY/ST/ZIP/CO: MONTREAL, QUEBEC H3B 1Y8, CA	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DANIEL DESJARDINS TITLE: ASST SECRETARY ADDRESS: 800 RENE-LEVESQUE CITY/ST/ZIP/CO: MONTREAL, QUEBEC H3B 1Y8, CA	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK REID PRES-FLEXJET 3400 WATERVIEW PARKWAY SUITE 400 RICHARDSON, TX 75080	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE PEDDLE VP-FLEXJET 3400 WATERVIEW PARKWAY SUITE 400 RICHARDSON, TX 75080	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEANNA WHITE VP-FLEXJET 3400 WATERVIEW PARKWAY SUITE 400 RICHARDSON, TX 75080	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID GROSS VP-FLEXJET 3400 WATERVIEW PARKWAY SUITE 400 RICHARDSON, TX 75080	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ KIMBA SJOGREN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		KIMBA SJOGREN, TREASURER PRINTED NAME AND CORPORATE TITLE		5/17/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				